## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name 590608

(6)

SMITH BROS. CONTRACTING EQUIPMENT, INC.

## FILED Apr 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						AIN BIANI AIANI DIEN BIEN ANDA 1865
5731 NORTH MILITARY TRAIL 5731 NORTH MILITARY TRAIL			TRAII			
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407						
<b>\</b>					DO NOT WRITE IN	THIS SPACE
1					3. Date Incorporated or Qualified	
		1 - 14:27 4 11			10/20/1978	
	lace of Business	2s. Mailing Address			4. FEI Number	Applied For
21	* -1-	26 Suite Ant III ata			59-1855739	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State			
23	C	28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	iv	8. This corporation owes or has paid t	
24	25	29	30	,	Personal Property Tax due June 30.	<b>—</b> · — ·
	9. Name and Address of Curre				10, Name and Address of New Regis	
SMITH, LUCY M. 81 Name						
12378 SAWGRASS COURT				0 0	4 14 (D O B ) No 1 No 4 1 No 4	
WEST PALM BEACH FL 33414			•	Street /	Address (P.O. Box Number is Not Acceptable)	
` <b>`</b>			1	13		
ĺ			[	4 City		FL 85 Zip Code
11, Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida State	utes, the abo	ve-named	corporation submits this statement for the purp	ose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Signature, typed or prioted name of maistered a	gent and utle if applicable (NC	It: Registered	gent signature	required when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
TITLE	STD	DELETE	1.1 TITL	[		Change Addition
NAME	SMITH, LUCY M.		1.2 NAN	Ε		İ
STREET ADDRESS	12378 SAWGRASS COURT		1.3 STR	ET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY	-ST-ZIP		
TITLE	PO	☐ DELETE	2.1 TITU	·		Change Addition
NAME	SMITH, SIMON		2.2 NAM	E		
STREET ADDRESS	1445 BRAMPTON COVE		2.3 STRI	ET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 334		2. 4 CIF1	'- ST - ZIP		
TITLE	VO	DELETE	3.1 TITL	: 7	Y.D ^./	Change    Addition
NAME	SMITH, TOBY	****	3.2 NAM	E	SMITH TOBY 5731 N: MILITARY TRA WEST PALM SCH. FL.33	,,
STREET ADDRESS	1441 BRANDY WINE ROAD		3.3 STR	E1 ADDRESS	SYSIN MILITARY INT	; <u> </u>
CITY-ST-ZIP	WEST PALM BEACH FL 334		3.4. CIT	-ST-ZiP	WOSI FHUM OCH. FC. SS	40]
TITLE		☐ DELETE	4.1 TITL			☐ Change ☐ Addition
NAME			4. 2 NAM	IE Į		
Street address			4.3 STRE	et address		ļ
CITY-ST-ZIP			4.4 CiTY	-ST-ZIP		
TITLE		☐ DELĒTE	5.1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAM	E		j
STREET ADDRESS			5.3 STRE	ET ADDRESS		j
CITY-ST-ZIP			5.4 CITY	-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAM	E		
STREET ADDRESS			6.3 STRE	et address		İ
City-ST-ZIP			6.4 CITY	- ST - ZIP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the occiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

1 DEN IM SM 17 H L MADEH 98 561-189-9880